HEALTH CARE • LES SOINS

As their health improves, British broaden quest for alternative health care

Caroline Richmond

avid Henshaw, BHHSA (Assoc), Dip Hom, Dip Cert Biochem, MIPA, sounds like one of Britain's best qualified health care practitioners. However, before becoming too impressed, take a closer look at his diplomas.

Close inspection reveals that his biochemistry diploma was awarded by the International College of Natural Health Sciences and shows that he understands Dr. Wilhelm Schuessler's Biochemic Tissue Salts. He is also a member of the Independent Plato Academy, holds the diploma in homeopathy of the Galien [sic] College of Natural Healing and is an associate member of the British Holistic Health Sciences Association.

Henshaw, who also holds a bachelor's degree in history, has yet to unleash his therapeutic skills on the British public. He is a television producer and bought the diplomas to make a point in a program he was preparing about alternative therapies. They cost him £200; the qualifications in homeopathy, which cost £79, proved most expensive. The fee included the textbook, exam paper and a ballpoint pen, and he had to promise not to cheat while writing the exam.

Experiences like Henshaw's might be expected to make the

British sceptical about alternative medicine and the practitioners who provide it, but that is not the case. Even though they are healthier and living longer than ever before, they are becoming obsessed with their health and are preoccupied with minor symptoms. They assuage this obsession by having a love affair with alternative medicine. On the other hand, the National Health Service (NHS), 40 years old and still getting a quart out of a pint pot, is often attacked for taking a nutsand-bolts approach to illness.

The British establishment has always liked alternative medicine. The Queen has her homeopathic

physician, while two former prime ministers, Lord Home and Margaret Thatcher, use acupuncture and meditation. Prince Charles, who served as president of the British Medical Association in 1983, berated doctors for ignoring the mystic side of alternative therapy.

England's Exeter University, which concentrates mainly on arts courses, now has a Centre for Complementary Health Studies. Its offers lectures on subjects such as Chinese herbalism and shamanism; the Queen's homeopathic doctor is a postgraduate student. It is starved for funds, a situation common to all British universities, and has recently

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David Henshaw with his impressive "credentials"

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912

formed a financial link with the "health and diet centres" operated by a chain of health-food shops.

In 1986, 14% of Consumers' Association members had consulted an alternative therapist in the past year. The Exeter centre estimates that 15% of all health consultations outside hospitals take place with alternative therapists, a figure not out of line with Canadian estimates (One in five Canadians is using alternative therapies, survey finds. Can Med Assoc J 1991; 144; 469).

The Institute of Complementary Medicine estimates that 8 million alternative-type treatments are provided annually in the United Kingdom, with 75% of patients being referred for treatment by satisfied friends. In 1988 the Association of Community Health Councils, which covers England and Wales, estimated that the public spends between £150 million and £450 million on unorthodox treatments.

With such a large potential market, the number of practitioners has climbed markedly, from 29 000 in 1981 to 60 000 in 1988; only a tiny proportion of them are conventionally trained, although 70% of general practitioners say

they would like to learn at least one alternative therapy.

Why is alternative medicine so attractive? A major reason is a sentimental belief that is skilfully marketed by therapists and the health-food trade — that alternative medicine is natural, and that nature is always kind and gentle. Demand is fuelled by unrealistic expectations that have arisen because of advances made by scientific medicine. There is also the thrill of the unorthodox — we must obey the law, but can still thumb our noses at the doctors.

Another selling point is the considerable element of consumer choice found in alternative health care, an element so often rare or absent in conventional medicine. Most important of all are the much longer consultation times alternative practitioners provide.

Also important, as Professor David Goldberg of Manchester University's Department of Psychiatry noted, is the discomfort many general practitioners feel when consulted about psychologic symptoms, and this reinforces people's natural tendency to somatize their problems.

In 1988 *Horizon*, a television program, examined alternative

medicine from an anthropologic viewpoint and concluded that, above all, it offers physical treatments for psychiatric problems. This was confirmed by a 1989 paper in the *British Homeopathic Journal*, which showed that a homeopath's patients were more likely to have psychiatric disorders than a GP's patients.

David Cantor, PhD, a psychologist at Surrey University in Guildford, England, points out that although each system of alternative medicine is philosophically complete in itself — homeopathy is logically incompatible with herbalism, for instance — adherents usually believe in the lot, selecting a "pick'n'mix" package that includes visits to their family doctor.

The term "unorthodox" is unfair to some therapists. For instance, the voluntarily registered osteopaths and chiropractors have undergone 4 years' training and passed an examination. However, they have no legal status and anyone can call himself an osteopath or chiropractor and set up in practice without a day's training — with impunity.

Most people agree that alternative practitioners should be reg-

Logie Medical Ethics Prize Deadline: June 1, 1991

Once again, *CMAJ* is sponsoring the Logie Medical Ethics Essay Prize for medical students. The awards this year are \$750 for the winning essay, \$500 for second place and \$250 for third place, but *CMAJ* reserves the right to withhold some or all awards if the quality of the entries is judged insufficient. The judges, consisting of a board of editors from *CMAJ*'s scientific and news and features departments, will select the winners based on content, writing style and presentation of manuscripts. All entries must be typed, double spaced and not more than 12 pages. Winning papers will appear in a fall issue of *CMAJ*. Send submissions to:

News and Features Editor CMAJ PO Box 8650 Ottawa, ON K1G 0G8 istered, but with whom? And what therapies should qualify? Where does one draw the line between, say, homeopathy and reflexology? Both are based on beliefs that are at odds with the known laws of nature, but one is a respectable system of medicine, historically sanctioned and available through the NHS, and the other is on the very distant fringe.

And who will make recommendations to the government — the Institute of Complementary Medicine, the Council for Complementary and Alternative Medicine, or the National Consultative Council for Alternative and Complementary Medicine? The existence of three different organizations suggests that either the right hand does not know what the left hand is doing, or else it thinks it's doing it wrong.

Alternative therapists and the products they "prescribe" —

mainly herbal substances or dietary supplements — have grown like topsy and are not subject to the type of legislation that controls the medical profession and pharmaceutical industry.

Magazines dealing with alternative health accuse doctors of handing out prescriptions by the handful, and yet extol the benefits of vitamins and minerals. The reason is all too clear. As journalist Duncan Campbell showed recently, many alternative practitioners are registered with manufacturers and get substantial kickbacks on their patients' mail-order prescriptions. Practitioners often prescribe up to 10 supplements, including such dubious products as hypoglycemia formula and chelation formula.

In Britain, one man in four and one woman in three takes supplements of some type. In 1989 Britons spent £250 million

on vitamins, minerals and food supplements and £100 million on natural remedies such as ginseng and garlic; sales have doubled in the last 5 years and are expected to exceed £750 million by 2000.

Manufacturers of supplements and herbal products, although forbidden by law from making therapeutic claims in the absence of a product licence, have increasingly flouted the law, either by encouraging journalists and retailers to make claims for them, or by giving their products names like "PMS formulation" or "Boost IQ."

There have also been scandals about harmful supplements such as germanium, niacin and tryptophan; these supplements have since been withdrawn. Unfortunately, the alternative-medicine trade is still selling potentially harmful substances, including chromium and boron.

BAnaprox® DS 550 mg **BAnaprox®** 275 mg

(naproxen sodium)

Indications:

Relief of mild to moderately severe pain, accompanied by inflammation such as musculoskeletal trauma, post-dental extraction, relief of post-partum cramping and dysmenorrhea

Contraindications:

Anaprox and Anaprox DS (naproxen sodium) are contraindicated in patients, with active ulcers or active inflammatory diseases of the gastrointestinal tract. They are also contraindicated in patients who have shown hypersensitivity to it or to naproxen. Since cross-sensitivity has been demonstrated, Anaprox or Anaprox DS should not be given to patients in whom ASA or other non-steroidal anti-inflammatory drugs induce the syndrome of asthma, rhinitis, or uticaria. Sometimes severe and occasionally fatal anaphylactic reactions have occurred in such individuals.

Warnings:

Peptic ulceration, perforation and gastrointestinal bleeding, sometimes severe and occasionally fatal, have been reported during therapy with non-steroidal anti-inflammatory drugs (NSAID's) including Anaprox and Anaprox DS. Anaprox and Anaprox DS should be given under close medical supervision to patients prone to gastrointestinal tract irritation particularly those with a history of peptic ulcer, diverticulosis or other inflammatory diseases of the gastrointestinal tract.

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given to a starting dose lower than usual. The safety of Anaprox and Anaprox DS in pregnancy and lactation has not been established and its use is therefore not recommended

Precautions:

Anaprox or Anaprox DS (naproxen sodium) should not be used concomitantly with the related drug Naprosyn® (naproxen) since they circulate in plasma as the naproxen anion.

G.I. system: If peptic ulceration is suspected or confirmed, or if gastrointestinal bleeding or perforation occurs Anaprox or Anaprox DS should be discontinued, and appropriate treatment instituted. Renal effects: Patients with impaired renal function, extracellular volume depletion, sodium restrictions, heart failure, liver dysfunction, those taking diuretics, and the elderly, are at greater risk of developing overt renal decompensation. Assessment of renal function in these patients before and during therapy is recommended. Naproxen sodium and its metabolites are eliminated primarily by the kidneys, and therefore, a reduction in daily dosage should be anticipated to avoid the possibility of drug accumulation in patients with significantly impaired renal function. Naproxen sodium should not be used chronically in patients having baseline creatinine clearance less than 20 ml/minute.

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Adverse reactions:

Adverse reactions which occur in >1% of patients include:

G.I.: heartburn, constipation, abdominal pain, nausea, diarrhea, dyspepsia, stomatitis and diverticulitis.

CNS: headache, dizziness, drowsiness, light-headedness, vertigo, depression and fatigue.

Skin: pruritus, ecchymoses, skin eruptions, sweating and purpura.

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For additional adverse reactions please refer to the product monograph.

Availability:

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Product monograph available on request.



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